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SPEECH TO

AMERICAN ASSOCIATION OF COLLEGES

OF PODIATRIC MEDICINE

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I am a new member of Congress and therefore cannot discuss health legislation in Washington with the background of a veteran. But, I would like to give you from my perspective a picture of what it is like in Congress today and how that mood will relate to the future of health care and to the special concerns of the colleges of podiatric medicine.

I was chairman of the California Assembly Committee on Health and have focused much of my legislative expertise in the health field. When I ran for Congress last year, many people asked me why I would give up a position of power on the state level to be one out of 435 members of the House -- a position usually regarded as quite powerless. In fact, I was warned that committee chairman and the older hands in the Congress do not make it a practice to talk to new members until they have served for at least ten years.

I am pleased to report to you that these fears have not come true. While much has been written about the successes and failures of the 94th Congress and the large freshman class, one significant fact stands out. We ended the seniority system in Congress. Committee chairmen who gained their positions solely on the basis of having been in office longer than any other member on a committee, were faced this year with having to come before the majority party caucus and ask that they be continued in their exalted positions. Not only did they talk to the freshmen, they were most anxious to address our caucuses and seek our support. Two committee chairmen were vetoed by the Caucus, leaving all others with a realization that they were answerable to a constituency to maintain their power. Some from the one party districts in the South haven't had to seek support from any constituency for 30 years or more.

What this has meant to me is that the committee system has been democratized. No longer can the chairman arbitrarily decide what bills would be heard, who could testify on the varying sides of an issue and what policy position the committee would take. As a member of a subcommittee or full committee, my vote is equal to the other members, including the chairman. And, if I do my homework, know the issues involved, argue effectively for my beliefs, I can have an effect on the resulting legislation the same as, if not more than, the old-timers.

The major reason I am pleased that I decided to run for Congress rather than stay in the state arena, is the type of issues before us -- issues of national and international concern. In the health field, an amendment to a federal bill can preempt the field from state involvement. More importantly, the future of health care in this country is going to be determined from Washington and not the state capitals.

The clearest example of this is the coming of some kind of national comprehensive health insurance. I have been long convinced that this country cannot tolerate a haphazard health system where only those who can afford it financially are able to enter the system. I believe that health care, like education and other essentials to giving each individual in our society an equal opportunity to develop fully, should be available as a matter of right.

This is not to say that the enactment of a national health insurance bill will be a panacea for all our problems. We have too many examples of government intervention in the health area that were not clearly thought out and that have resulted in bureaucratizing and stifling the objectives that their proponents had promised us.

National health insurance must be more than just a financing mechanism to cover more health costs for more people. It must recognize the need to improve the organization and delivery of health care services by promoting the comprehensiveness, continuity and accessibility of these services, while at the same time, it provides some counter to uncontrolled costs. For the consumers, it must provide a freedom of choice among systems of health care and health care practitioners.

There are difficult questions to be resolved. What role will private insurers play, if any? Will there be co-payments by the beneficiaries? Will the program provide for relief in catastrophic situations only or be more inclusive? How long a phase-in period will be provided?

As we view the special concerns of the podiatric profession, we should keep an eye down the road to take into view the overall health care picture. And, it is in this context, I see podiatry's contribution to health care receiving increased recognition and reward and being placed in a greater position of responsibility.

As the representative of a congressional district in Los Angeles, with one of the largest concentrations of senior citizens anywhere in the country, I am well aware of the special role podiatry plays in their health care. There are nearly 900,000 persons age 65 or over who visited a podiatrist last year.

Podiatry has been in the forefront in promoting the general recognition that ambulatory care is not only desirable but necessary for older people to be most responsive to health care. The whole range of podiatric services for the aged - preventive, reconstructive, medical and surgical, and prophylactic are indispensable in maintaining our older population's independence and mobility.

Last Monday, the new California Podiatric Medical Center, adjoining the California College of Podiatric Medicine was dedicated here in San Francisco. This is an achievement for which we all can be proud. This is an achievement for which we all can be proud. This new medical center will allow the college to nearly double its current enrollment. The majority of the space will be used for teaching and clinic facilities. I am confident that it will make a substantial contribution to the delivery of health care here on the West Coast.

This occasion gives us a chance to pause and contemplate the challenges confronting podiatric education. I would like to spend a minute or two to discuss how Congress is attempting to address itself to this area.

In response to the crisis facing the health professions schools in the 1960's, Congress adopted the Health Manpower Act, to provide a measure of fiscal stability to our schools so that they could increase the quantity and quality of much needed health professionals.

Since 1966, federal support to the colleges of podiatric medicine has totaled \$21 million, which has been used for the construction of new facilities, formula grants, special projects, and student loans and scholarships.

Although federal support has proved substantial and indispensable to your rewardable growth, it has been proportional to federal support for other health profession schools and has not been sufficient to meet your many needs.

For years the association has diligently come before Congress and made a strong case for increases in federal funding. Podiatric medicine is the smallest health profession included under the manpower legislation. In 1972, the colleges of podiatric medicine received the lowest percentage (8 percent) of net education costs of any of the health professions. (By comparison,

dentistry received capitation awards of 27 percent of net educational costs; medicine, 20 percent.)

H. R. 5546, the Health Manpower Act, contemplates taking the first step in reversing this trend. Schools of podiatry will be authorized to receive capitation grants of \$1,100 per student. This will be commensurate with the 22 percent funding average of net educational costs which the Health and Environmental Subcommittee is seeking to establish across the board. Podiatry is the only profession whose capitation authorization is increased in the health manpower bill - a move designed to correct the previous inequitable division.

I realize that even with the increased capitation levels, the colleges of podiatric medicine will remain short-funded in meeting the needs of your students.

The Health Manpower Act will also extend construction grants and start-up assistance for new schools and programs. For the first time, eligibility for such assistance is extended to schools of podiatry - something which the profession has been seeking for years.

There is another area under the manpower legislation which has proved particularly frustrating to the colleges of podiatric medicine and their students. Although eligible for scholarships under the National Health Service Corps, , no podiatry graduate has received such a scholarship.

It has been suggested that, while there is no legal bar to podiatry students under the law, it may be necessary for Congress to make clear its intent that podiatry students be awarded these funds. As a member of the conference committee on the manpower bill, I will certainly do all I can to spell it out clearly for HEW.

In addition, schools of podiatry will soon be eligible to share in the special project grants authorized for academic health centers. This will result primarily from the persuasive job your association has done in urging Congress and encouraging the podiatry colleges to affiliate with the centers.

I believe that such programs are essential if podiatry is to expand upon its role as an integral partner with other health professions in the delivery of quality health care. It is our hope that these centers will contribute to a more comprehensive and correlated health education experience for all students, promote professional unity and acceptance.

You are to be congratulated on your efforts in this area.

On another level, the bill before us in Congress attempts to deal with the serious issue of geographic as well as specialty maldistribution of health professionals.

Podiatrists are concentrated in the Northeast, which has twice the national average, and also around the five colleges of podiatric medicine in New York, Philadelphia, Cleveland, Chicago and here in San Francisco.

The reasons for this geographic maldistribution are well known to all of us. As you are well aware, the pending legislation provides financial incentives for service in underserved areas by authorizing forgiveness of NHSC loans and scholarships, and for capitation support. I believe this is a generally constructive approach, although it is clear this option will be primarily explored by students from financially disadvantaged backgrounds.

Another alternative, not in the House version of this legislation, would be for mandatory service by all students in certain areas. The inequities and uncomfortable burdens which accompany this approach are obvious to all, and need no further elaboration from me.

The bill provides that, in order to receive capitation support, the five colleges must recruit 40 percent of their students from states which have no such schools or increase their enrollment. In addition, the special projects grant authority for the establishment of podiatric programs in existing academic health centers will further broaden the profession's geographic base.

I am hopeful these two policies, working together, will have an effect on improving the geographic maldistribution of podiatrists, and represent a fair way to deal with this issue.

Before closing, I would like to make one final observation.

Fifty-three weeks ago, Richard Nixon resigned the Presidency and went into political exile here in California. The process that led to his resignation demonstrated that this Nation was "a nation of laws and not men."

President Nixon and his Administration abused the Constitution, our laws, and our institutions. It may be fairly said that the quality and extent of corruption in his Administration was pervasive, coherent and systemic -- that the secret bombing of Cambodia was linked to the secret raiding of antiwar forces, that the escalation against the Vietnamese was linked to the escalation against his presumed enemies at home, that the dismantling of certain domestic programs such as OEO was linked to impoundment of funds authorized by Congress.

Two years ago, you filed suit to release the funds for your programs

which had been illegally impounded by the Nixon Administration. Although the amount that had been withheld from you was relatively small, it was crucial to your operations.

It was entirely fitting and appropriate that the Goliath of impoundment in the health professions schools was felled by the podiatrists' slingshot. Through your efforts more than a billion dollars was finally released.

As others brought the law to bear on the President in other ways, you, because of your courage, made an indispensable contribution to the entire process.

You should be proud of the role you played.

It is my hope that you will enjoy in the coming year further growth and success. From my perspective, your prognosis is excellent.

Thank you very much.